

RECORD OF EMERGENCY DATA

SHIP OR STATION

1. SELECTIVE SERVICE BOARD (Enter number, location and date of first entry into Armed Services)

2. PRIOR MILITARY SERVICE (Check)

☐ YES ☐ NO

3. FORMER SERVICE NUMBERS AND BRANCH OF SERVICE

4. DATE OF BIRTH

5. RELIGION

Indicate by "X" in block opposite name, person(s) listed below who are NOT to be notified due to ill health. Include Zip Code in address.

6. WIFE OR HUSBAND (If none, or deceased, so state)

☐

6a. ADDRESS AND TELEPHONE NUMBER

7. NAMES OF CHILDREN (Will be notified if no spouse survives or if children of other than present spouse)

☐
☐
☐
☐
☐
☐
☐

7a. ADDRESS AND TELEPHONE NUMBER

MAR-
RIED

SIN-
GLE

SEX

BIRTHDATE

8. FATHER

☐

8a. ADDRESS AND TELEPHONE NUMBER

9. MOTHER

☐

9a. ADDRESS AND TELEPHONE NUMBER

10. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM

☐

10a. ADDRESS AND TELEPHONE NUMBER

RELATIONSHIP

11. ALL PERSONS RECEIVING MORE THAN 50% OF THEIR SUPPORT FROM ME (Other than wife or children under 21)

☐

11a. ADDRESS AND TELEPHONE NUMBER

BIRTHDATE

RELATIONSHIP

DESIGNATIONS (Include zip code in all addresses)

12. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILDREN

(Name parents or brother or sisters only and indicate principal and contingent beneficiary) (10 USC, Section 1475-1480)

NAME (Principal Beneficiary)

ADDRESS

RELATIONSHIP

NAME (Contingent Beneficiary)

ADDRESS

RELATIONSHIP

13. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCE

(10 USC Section 2771) (Percent of shares must total 100%)

____ %

NAME

ADDRESS

RELATIONSHIP

14. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS

____ %

% OF PAY EACH MO.

NAME

ADDRESS

RELATIONSHIP

NAME

ADDRESS

RELATIONSHIP

15. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in Active Service) (SEE PAGE 2)

BENEFICIARY DESIGNATION

The Record of Emergency Data (CG Form 4113) does not designate SGLI beneficiaries. Such designations are made by executing SGLV-8286. Members who do not have a completed SGLV-8286 in their record or who have completed it as indicated "By Law" thereon will, upon their death, have their SGLI proceeds paid under the provision of law in the following order: Widow(er), child(ren), parent(s), appointed executor or other next of kin. Beneficiary designations, including "By Law" designations, on SGLV- 8286 remain in effect until cancelled or changed by completion of a new SGLV-8286.

15. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI *(Agencies to be notified in case of death in Active Service)**(Check appropriate box)*
☐ **SGLI \$5,000** ☐ **SGLI \$10,000** ☐ **SGLI \$15,000** ☐ **SGLI \$20,000** ☐ **SGLI \$25,000**
☐ **SGLI \$30,000** ☐ **SGLI \$35,000** ☐ **SGLI \$50,000** ☐ **SGLI \$100,000** ☐ **SGLI \$200,000** ☐ **NOT PARTICIPATING**

FULL NAME AND ADDRESS OF COMPANY

ADDRESS OF OFFICE RECEIVING PAYMENT
OR HOME OFFICE

POLICY NUMBER

**16. SURVIVOR BENEFIT
PLAN** *(Check one)*☐**YES**☐**ELECTED**☐**CHANGED**DATE WITNESSED AND FORWARDED TO
PERSONNEL AND MILITARY PAY CENTER

OPTION

ANNUITY

☐**NO**☐**REVOKED****ANNUAL CERTIFICATION**

Item 6 through 16 Certified Correct.

19 ___ APR 01

Member's Signature

Item 6 through 16 Certified Correct.

19 ___ APR 01

Member's Signature

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Member's Signature

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Member's Signature

Item 6 through 16 Certified Correct.

19 ___ APR 01

Member's Signature

Item 6 through 16 Certified Correct.

19 ___ APR 01

Member's Signature

SIGNATURE OF DESIGNATOR

SIGNATURE AND TITLE OF WITNESS

DATE SIGNED

NAME OF DESIGNATOR *(Last, first, middle)*

PRESENT SERVICE NO.

GRADE/RATE

SOCIAL SECURITY NUMBER

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard.

- AUTHORITY** which authorizes the solicitation of the information: 10 USC 1475-1480. 10 USC 2771.
- PRINCIPAL PURPOSE(S)** for which information is intended to be used: (1) Person(s) to be notified in case of emergency or death. (2) Person(s) to receive death gratuity, (3) Person(s) to receive unpaid pay and allowances (arrears in pay). (4) Person(s) to receive allotment of pay if missing or enable to transmit funds. (5) Commercial insurance companies to be notified in case of death. (6) U.S. Government and National Service Life Insurance in force. (7) Servicemen's Group Life Insurance participation.
- ROUTINE USES** which may be made of the information: (1) To provide various agencies with information as to the person or persons eligible to receive benefits as the result of a member's death. (2) To provide immediate current information for casualty in a timely manner or delay or failure to pay certain death benefits.
- DISCLOSURE** of the information is voluntary, but failure to provide this information may result in the inability to notify the next of kin of a casualty in a timely manner or delay or failure to pay certain death benefits.